

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035416

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 200

Primary Registration District No. _____

Registrar's No. 155

FILED OCT 9 1962

1. PLACE OF DEATH

a. COUNTY **Macon**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **La Plata**Length of stay in 1b
1 Wkc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY **Macon**c. CITY
OR
TOWN **Elmer**Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOE**SEPHUS****MOORE**4. DATE
OF
DEATH

Month

Day

Year

Sept 27, 1962

5. SEX

M

6. COLOR OR RACE

W7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/16/88

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months

Days

Hours

Min.

6 11 --

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Ret. Groc. Clerk

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Goldsberry, Missouri USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Theoplus Moore

13b. MOTHER'S MAIDEN NAME

Elvina Magers

14. NAME OF HUSBAND OR WIFE

Della Mae Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)
no

16. SOCIAL SECURITY NO.

5

17. INFORMANT

Address

Mrs. Lucille Green, La Plata, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusionINTERVAL BETWEEN
ONSET AND DEATH**Instantaneous**Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 1, 1962 to Sept. 27, 1962 and last saw him alive on Sept. 27, 1962
Death occurred at Sept. 27, 1962 at 5 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

La Plata, Missouri

22c. DATE SIGNED

9/27/6223a. BURIAL, CREMATION,
REMOVAL (Specify)**Burial**

23b. DATE

9/29/62

23c. NAME OF CEMETERY OR CREMATORY

Elmer Cemetery

23d. LOCATION (City, town, or county)

Elmer, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Wilson Funeral Home, La Plata, Mo

25. DATE RECD. BY LOCAL REG.

10-1-62

26. REGISTRAR'S SIGNATURE

Paul W. Seelye

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59**6610****2610****3****4 0****5 1****6****7 0****8 2****94201****10****11****1290-2****131-0**

OCT 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Kenneth M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.